BLOCK 201 LOT 7 ADDRESS (SITE) Chambersbridge Rd. Brick PERMIT NO. 2114-90

RECEIVED
OCT 17 1990
BUILDING

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: Spirits Unlimited
2. Name of Owner in Fee: Spirits Unlimited Tel. ( )
   Address Chambersbridge Rd. (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: Spray Quick Inc. Tel. (201) 806-0910
   Address 1201 Rt. 37 East Suite 11, Toms River NJ 08753
   License No. OR, if new home, Builder Reg. No. 22242142 Exp. Date
   Federal Emp. No. Social Security No.
5. Architect or Engineer ~~Spray~~ Tel. ~~(201) 806-0910~~
   Address
6. Responsible Person In Charge of Work George W Hynes Tel. ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	20 -		
5. Other			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	$ 90 -		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area—Largest Floor sq. ft.	
4. Building Area—All Floors sq. ft.	
5. Volume of Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	1,000.00
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1,000.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	10-19-90		10-19-90	JE	12/5/90 JE		

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☒ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction
After Construction
Net gain or loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: A-3
3. Change in Use Group, Indicate Former:

LDS BR 10312127

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State county, and local prior approvals have been given, including such certification as the construction official may require

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date 10/17/90

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): th proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make thi application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State county, and local prior approvals have been given, including such certification as the construction official may require

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Divisio of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

	Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	

CONSTRUCTION PERMIT

Date Issued 11/7/90
Control #
Permit # 2114-90

IDENTIFICATION Block 701 Lot 7

Work Site Location Chambus Br. Road

Owner in Fee Spirit Unlimited

Address

Tele. ( )

Contractor Spray Net

Address

Tele. ( )

Llc. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. **0004**

or Social Security No. 2114*#

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Sprinkler System

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 1000 —

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)	
Building	BLOCK 701 # 0.00
Plumbing	LOT 7 # 0.00
Electrical	FIRE 70.00
Fire Protection	20.00
Other	TOTAL 90.00
Other	CHECK 90.00
DCA Training Fee	CHANGE 0.00
Cert. of Occ.	11/07/90 NO. 5 0016A003 10:23
Other	
Total	90 —
Check No.	Y
Cash	
Collected By:	JL

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2227
DATE ISSUED 4-13-89
REVISION DATE

Block 701 Lot 7, 8, 15, 16
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner B Pier & Sons
Address Caldor Shopping Ctr
Tel. (Beach

Contractor Same
Address
Tel. ( )

Work Site Address
Same

Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Temporary Trailer

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	4-1-19	KM
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA

Date: 1/13/93

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

BUILDING SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

PERMIT NO. [illegible]
DATE ISSUED [illegible]
REVISION DATE [illegible]
Block 701 Lot 7
Subdivision ______

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner FRANK R FEISTEL
Address 38 Bay Shore Dr.
Toms River NJ.
Tel. (201) 270-4217
Work Site Address Calder Mall
Chambers Bridge & RT 70

Contractor STEVE NELSON BUILDERS
Address 180 RT. 37 WEST
TOMS RIVER, N.J. 0875[illegible]
Tel. (201) 349-2525
Lic. No. #12636
Federal Emp. No. #22-2793435

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Steve Nelson
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

C/O & Partitions

☑ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other ______
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other ______

Fee Basis	Fee
[illegible]	[illegible]

SUBTOTAL [illegible]
Minimum Building Fee (if applicable) [illegible]
Total Building Fee $ [illegible]
(Greater of Minimum or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP: ______ Present ______ Proposed

No. of Stories 1
Height of Structure ______ Ft.
Area–Largest Floor 1800. Sq. Ft.
Estimated Cost of Building Work: $ 8,200.—

Total Building Area—All Floors ______ Sq. Ft.
Volume of Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	11-21-82	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 1/13/82

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 201 Lot 1-8,13-16
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office.

Owner RUFUS KOZIWAK
Address RT 70
Tel. ( ) _____
Work Site Address _____

Contractor ATTIC STYLE
Address 440 BRASIL AVENUE
CHERRY HILL NJ 08012
Tel. (20) 4328480
Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

_____
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

ASPEN INCLOSED
PORCH

TOTAL SQ FT
144

☒ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other _____		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other _____		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA

Date: 11/23/92

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 5228
DATE ISSUED 11/16/89
REVISION DATE
Block 704 Lot 7-8-9-15-16
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Hit or Miss
Address Caldor Shopping Center Bricktown NJ.
Tel. ( )
Work Site Address R-70 + ~~Brick Blvd~~ Bricktown

Contractor All-Lite Sign
Address P.O. Box 1320 Toms River NJ. 08754
Tel. (201) 244-3224
Lic. No. 6389.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

To Install (1) set of Channel Letters on Storefront. Signage 66 Sq ft.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☑ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 1500.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA

Date: 11/13/92

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 15764
DATE ISSUED 12-2-89
REVISION DATE
Block 704 Lot 7.8-15-16
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner LEEWARDS
Address RT 90 & CHAMBERS BRIDGE (SHOP RITE - WALDOR) BRICK NJ
Tel. ( ) N/A
Work Site Address ABOVE

Contractor YATES SIGN CO
Address 1209 HY 33 NEPTUNE NJ,
Tel. (201) 988-6161
Lic. No.
Federal Emp. No. 21-0712164

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

CHANNEL LETTER SIGN PER PRINT

24 SF
GFA

☑ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☑ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee – *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 1725.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	9-26-89	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 11/13/92

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 5587
DATE ISSUED 10-2-89
REVISION DATE
Block 704 Lot 7-8-8.2
Subdivision 15-16

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner Reynolds Stores
Address Airport Rd
Lakewood
Tel. ( ) 367-5600
Work Site Address

Contractor Central Jersey Sign Co.
Address Boundary Rd
Marlboro
Tel. ( ) 431-5036
Lic. No. 22204865 1
Federal Emp. No. 222048651

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

PLANS ATTACHED

$66sf

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☒ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 14

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA

Date: 1/13/92

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☑ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

IC SIGN

FAYVA SHOES

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 6612
DATE ISSUED 10-13-87
REVISION DATE
Block 701 Lot 7-8-15-16
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner FAYVA SHOES MOYSE SHOES INC
Address 555 TURNPIKE ST. CANTON MA. 02026.
Tel. (617) 828-9300 EXT 2073
Work Site Address CALDOR SHOPPING CENTER. CHAMBER'S BRIDGE Rd. BRICK NJ 70

Contractor JERSEY SIGN'S INC
Address 104 LEONE DR BRICK JUST INSTALLER
Tel. (201) 255-2211
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

TO INSTALL ONE SET OF 30" INDIVIDUALLY ILLUMINATED LETTERS & CONNECT TO CIRCUIT SUPPLIED BY OTHER'S

(40 SQ FT.)

FAYVA SHOES

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☒ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) GREEN - Office Copy, WHITE - Applicant Copy, MANILA TAG - Inspector's Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other _____		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 1/13/92

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-110 (8/83)

678-0787

STAX

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2213
DATE ISSUED 10-3-89
REVISION DATE

Block 761 Lot 7 & 8 C-16
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office.

Owner VERNA DC
Address 15 ASSAPIC ST
CALDWELL

Tel. ( )

Work Site Address AT 704 Chamberlain Rd

Contractor ADVANCE SIGNS
Address 52 E. SCOTLAND AVE
GLASSBORO N.J.

Tel. ( ) 881-8811

Lic. No.

Federal Emp. No. 221-75-7380

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

ERECT 3'X 13' wall Sign

39 sf
42

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☒ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA

Date: 11/13/92

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☑ TCO				
☐ Other				

WNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3915
DATE ISSUED 1-13-89
REVISION DATE
Block 101 Lot 5, 15, 16
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner B K BRICKS + ASS,
Address 34 WEST 32nd ST
Tel: 212 563.3300
Work Site Address BRICK TOWNE SHOPPING CENTER

Contractor B K BRICKS + ASS,
Address 34 WEST 32nd ST NEW YORK, N.Y.
Tel: 212 5633300
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

OFFICE TRAILER

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☒ No Plans Required	9-13-84	VAA
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ ~~CA~~

Date: 1/13/92

Inspected By: [signature]

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 5759
DATE ISSUED
REVISION DATE 11-2-87
Block 701 Lot 2, 8, 15, 16
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner NESBE IBI, INC.
Address 65 SHACKLE ST. LEXVILLE, NJ 12136
Tel. (617) 364-3000
Work Site Address 684 - RTE. 70 DOVETOWN, NJ 08723

Contractor DECKEL BUILDING
Address 2899 OVERSEAS HWY. MARATHON, FL. 33050
Tel. (305) 743-0335
Lic. No. CB C044604
Federal Emp. No. 65-0113893

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

INTERIOR. LATEX PAINTING
CABINET
FIXTURES

☑ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☑ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☑ Other ENTRIES
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: M Present M Proposed

No. of Stories 1 Total Building Area–All Floors _____ Sq. Ft.

Height of Structure 10 Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor 2,000 Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 10,000.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	10-26-89	LGW
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other _____		

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA

Date: 1/13/92

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-110 (8/83)

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3704
DATE ISSUED 12/15/89
REVISION DATE

Block 701 Lot 7 & 15, 16
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Vornado
Address 1711 Gulf Ave

Tel. (201) 773-4000
Work Site Address R170 Shop Rite Center Bill Town

Contractor C.T. Ups Inc
Address 240 Rt 10 East Hanover, N.J. 07936

Tel. (201) 887-8741
Lic. No.
Federal Emp. No. 222-561-505-130

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Partitions And doors according To Plans Submitted

☑ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☑ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other Alteration		30
SUBTOTAL		$ 30
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$ 30

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) GREEN - Office Copy, WHITE - Applicant Copy, MANILA TAG - Inspector's Copy

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☑ All	11-29-89	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 12/13/92

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☒ Frame				12-12-89
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 209-90
DATE ISSUED 3-29-90
REVISION DATE
Block 701 Lot 7-8-82-15-16
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner B.C. OF BRICKTOWN INC.
Address DOVER MALL RT 166 & 37 TOMS RIVER N.J.
Tel. (201) 349-2710
Work Site Address CAL DOR Shopping Center. BRICK

Contractor JERSEY SIGN INC.
Address 1851 Hooper Ave. TOMS RIVER N.J.
Tel: (201) 255-2211
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

To Fabricate & Install (1) set of Neon Letter's w/ plexiglass Faces & Jewelite Trim as per sketch.

Alum - Letter's - .040
Plastic Face - 3/16
Over All Length 10'x6"
Sq Ft. 30 ft.
Ele By Other's.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☑ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

To Install price $500.00

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	3-2-90	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA

Date: 11/13/92

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/7/90
Date Issued
Control #
Permit # 2114-90

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 201 Lot 7
Work Site Location Spirits Unlimited Chambersbridge Plaza Brick NJ 08723
Owner in Fee Spirits Unlimited
Address Chambersbridge Plaza, Chambersbridge Rd. Brick NJ 08723
Tele. ( )
Contractor Spray Out Inc. T/A Fire Sprinkler Systems
Address 1201 Rt. 37 E. Suite 11 Toms River NJ 08753
Tele. (201) 606-0910
Lic. No.
Federal Emp. No 22-2826472 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS Relocate 3 heads (sprinkler)

Use Group Present A-3 Proposed A-3
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 10-18-90
Approved by:
SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 11-8-90
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Relocate 3 Head sprinkler			11-8-90	
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Relocating Heads Sprinkler.

		Number	FEE (Office Use Only)
Water Supply Source	6" City		
Method of Valve Supervision	N/A		
Local Alarm Supervision			
Central Supervision			
Proprietary Supervision			
Flammable Liquid Storage Tanks	( ) Capacity ___ Fuel ___		
Combustible Liquid Storage Tanks	( ) Capacity ___ Fuel ___		
L.P.G. Storage Tanks	( ) Capacity ___ Fuel ___		
L.N.G. Storage Tanks	( ) Capacity ___ Fuel ___		
Wet Sprinkler Heads		3	
Dry Sprinkler Heads			
TOTAL		3	30
Smoke Detectors		N/A	
Heat Detectors			
TOTAL			
Stand Pipes		N/A	
Kitchen Hood Exhaust Systems			
Pre-Engineered Systems		N/A	
CO_2 Suppression			
Halon Suppression			
Foam Suppression			
Dry Chemical			
Wet Chemical			
Gas or Oil Fired Appliance			
OTHER Plan & Insp			40
	Administrative Surcharge	$	
Paid [ ] Check #	Minimum Fee	$	70
Collected by	TOTAL FEE	$	

U.C.C. Form F-140A

1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/7/90
Date Issued
Control #
Permit # 2114-90

101 7

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 101 Lot 7
Work Site Location Sports Unlimited Chambersbridge Plaza
Brick, NJ 08723
Owner in Fee Sports Unlimited
Address Chambersbridge Plaza, Chambersbridge Rd
Brick NJ 08723
Tele. ( )
Contractor Spray Out Inc. T/A Fire Sprinkler Systems
Address 1301 Rt. 37 E. Suite 11
Toms River NJ 08753
Tele. (201) 606-0510
Lic. No. 101 K6
Federal Emp. No 22-242142 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS Relocate 3 heads (sprinkler)

Use Group Present A-3 Proposed A-3
Constr. Class. Present X Proposed —
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 10-18-90
Approved by: JC
SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

George W Hyatt
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Relocate 7 Heads Sprinkler.

			FEE (Office Use Only)
Water Supply Source	6" City		
Method of Valve Supervision	N/A		
Local Alarm Supervision			
Central Supervision			
Proprietary Supervision			
Flammable Liquid Storage Tanks	( ) Capacity ___ Fuel ___		
Combustible Liquid Storage Tanks	( ) Capacity ___ Fuel ___		
L.P.G. Storage Tanks	( ) Capacity ___ Fuel ___		
L.N.G. Storage Tanks	( ) Capacity ___ Fuel ___		
	Number		
Wet Sprinkler Heads	3		
Dry Sprinkler Heads			30
TOTAL	3		
Smoke Detectors	N/A		
Heat Detectors			
TOTAL			
Stand Pipes	N/A		
Kitchen Hood Exhaust Systems			
Pre-Engineered Systems	N/A		
CO_2 Suppression			
Halon Suppression			
Foam Suppression			
Dry Chemical			
Wet Chemical			
Gas or Oil Fired Appliance			
OTHER Hood & Duct			40
		Administrative Surcharge $	
Paid [ ] Check #		Minimum Fee $	
Collected by		TOTAL FEE $	70

U.C.C. Form F-140A

1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy